

Today's Date: 12/27/2018

Supervisor: S. WOLTULSKI

SN

ECDOH Quality Assurance Survey

INVALID

Name of Facility VINNY'S

Address 2704 CLINTON ST.

City/Town WEST SENECAN Zip Code 14224

Sanitarian T. BEAN Date/Approx. Time of Inspection 12/11/2018

Name of Employee/manager who signed report SAM DUFFY

Name of Employee/manager interviewed RYAN AMOS (MANAGER)

Was the interviewee working the day/time of the inspection? _____

What was the approximate time of the inspection (i.e. early, before lunch, afternoon) _____

Did the inspector introduce themselves and provide identification? _____

Was the inspector courteous and thorough? _____

Were all violations (if any) explained thoroughly? _____

Was the inspector able to completely answer any questions or concerns? _____

Was a written or emailed report provided at the time of inspection? _____

Any comments or concerns you would like to share? MANAGER STATED NO REPRESENTATIVE OF THE ECDOH HAS BEEN AT THIS ESTABLISHMENT AND WAS DEFINITELY NOT ON 12/11/2018 AND NO ONE NAMED SAM DUFFY WORKS OR HAS WORKED AT THIS FACILITY.

**Food Service Establishment Inspection Report**
NY State Sanitary Code Subpart 14-1

Establishment Information	
Facility Name Vinny's	Facility Type Food Service Establishment
Facility ID # 14526721	Facility Telephone # 716 825-0837
Facility Address 2704 Clinton Street West Seneca, NY	
Licensee Name Muriel Enterprises Inc	Licensee Address 2704 Clinton Street West Seneca, NY 14224

Inspection Information		
Inspection Type Routine	Inspection Date December 11, 2018	Total Time Spent 1.50

Equipment Temperatures	
Description	Temperature (Fahrenheit)
Fridge	40
Prep Cooler	38

Food Temperatures	
Description	Temperature (Fahrenheit)
Celery	40
Chicken Wings	38

OPERATOR - The following are violations found at the time of inspection. Critical violations relate directly to factors that can lead to illness or injury. Management must take steps to prevent the occurrence of these items. All violations are to be corrected and the facility is to be maintained in compliance with all applicable codes and statutes. The operator may be subject to enforcement action based on any violation noted.

Observed Critical Violations
Total # 0

Observed Violations
Total # 1
14-1.42 Food not being stored in clean and sanitized containers / Food not stored in covered containers Observation: Uncovered food in prep cooler.

Comments

A handwritten signature in black ink, appearing to read 'Sam Duffy', with a long horizontal stroke extending to the right.

Person In Charge: **Sam Duffy**

Inspector: **Timothy Bean**

Today's Date: 12/27/18

Supervisor: DiCioccio

ECDOH Quality Assurance Survey

INVALID

Name of Facility Diva's Pizza

Address 2123 Clinton

City/Town West Seneca Zip Code 14206

Sanitarian Ben Date/Approx. Time of Inspection 12/11/18

Name of Employee/manager who signed report Dennis Scifert

Name of Employee/manager interviewed Ken Gawron

Was the interviewee working the day/time of the inspection? yes

What was the approximate time of the inspection (i.e. early, before lunch, afternoon) _____

Did the inspector introduce themselves and provide identification? _____

Was the inspector courteous and thorough? _____

Were all violations (if any) explained thoroughly? _____

Was the inspector able to completely answer any questions or concerns? _____

Was a written or emailed report provided at the time of inspection? _____

Any comments or concerns you would like to share? Spoke to owner, Ken Gawron
who stated that there was no health inspection done at all in December 2018 and
there is no one named Dennis Scifert who has worked there



Food Service Establishment Inspection Report

NY State Sanitary Code Subpart 14-1

Establishment Information	
Facility Name Diva's Pizzeria	Facility Type Food Service Establishment
Facility ID # 14304971	Facility Telephone # 716 824-3482
Facility Address 2123 Clinton Street West Seneca, NY	
Licensee Name Diva's Pizzeria Inc	Licensee Address 1413 Borden Road Depew, NY 14043

Inspection Information		
Inspection Type Routine	Inspection Date December 11, 2018	Total Time Spent 1.50

Equipment Temperatures	
Description	Temperature (Fahrenheit)
Prep cooler	37
Walk-in cooler	38

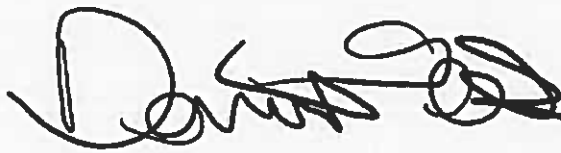
Food Temperatures	
Description	Temperature (Fahrenheit)
Marinara Sauce	40
Onion	39
Shredded Mozzarella	40

OPERATOR - The following are violations found at the time of inspection. Critical violations relate directly to factors that can lead to illness or injury. Management must take steps to prevent the occurrence of these items. All violations are to be corrected and the facility is to be maintained in compliance with all applicable codes and statutes. The operator may be subject to enforcement action based on any violation noted.

Observed Critical Violations
Total # 0

Observed Violations
Total # 1
14-1.101(a) Non-food contact surfaces/equipment are improperly designed/constructed/installed/not maintained in good repair Observation: Seal on prep cooler cracked and pulling away.

Comments



Person In Charge: **Dennis Seifert**



Inspector: **Timothy Bean**

Today's Date: 12/28/18

Supervisor: DiCiaccio

ECDOH Quality Assurance Survey

INVALID

Name of Facility

Friendly Buffet West Seneca

Address

800 Harlem Rd

City/Town

West Seneca

Zip Code 14224

Sanitarian

Bean

Date/Approx. Time of Inspection December 11, 2018

Name of Employee/manager who signed report

Name of Employee/manager interviewed Caixa Chen

Was the interviewee working the day/time of the inspection? Yes

What was the approximate time of the inspection (i.e. early, before lunch, afternoon)

Did the inspector introduce themselves and provide identification?

Was the inspector courteous and thorough?

Were all violations (if any) explained thoroughly?

Was the inspector able to completely answer any questions or concerns?

Was a written or emailed report provided at the time of inspection?

Any comments or concerns you would like to share? Caixa Chen stated that there was no inspection done on December 11, 2018 and there is no line when work there.



Food Service Establishment Inspection Report

NY State Sanitary Code Subpart 14-1

Establishment Information	
Facility Name Friendly Buffet West Seneca	Facility Type Food Service Establishment
Facility ID # SWOI-ACKGFU	Facility Telephone # 716 822-4858
Facility Address 800 Harlem Road West Seneca, NY	
Licensee Name Friendly Buffet West Seneca Inc	Licensee Address 800 Harlem Road Suite 300 West Seneca, NY 14224

Inspection Information		
Inspection Type Complaint	Inspection Date December 11, 2018	Total Time Spent 1.75

Equipment Temperatures	
Description	Temperature (Fahrenheit)
GLASS FRONT COOLER	47
LINE COOLER 1	41
WALK IN COOLER	40
WALK IN FREEZER	4
LINE COOLER 2	39
WALK IN COOLER 2	40
WALK IN FREEZER 2	1

Food Temperatures	
Description	Temperature (Fahrenheit)
Egg Rolls	42
Peppers	40
Onion	40
Broccoli	39
Rice	177

OPERATOR - The following are violations found at the time of inspection. Critical violations relate directly to factors that can lead to illness or injury. Management must take steps to prevent the occurrence of these items. All violations are to be corrected and the facility is to be maintained in compliance with all applicable codes and statutes. The operator may be subject to enforcement action based on any violation noted.

Observed Critical Violations
Total # 0

Observed Violations
Total # 4
14-1.110(d) Non-food-contact surfaces not cleaned as often as necessary to keep the equipment free of accumulations of dust, dirt, food particles and other debris Observation: Microwave oven soiled.


14-1.143(d) Hand washing facilities not maintained in a clean condition/in good repair.
REPEAT OBSERVATION Food residue in hand wash sink.

14-1.42 Food not being stored in clean and sanitized containers / Food not stored in covered containers
Observation: Uncovered food in walk in cooler.

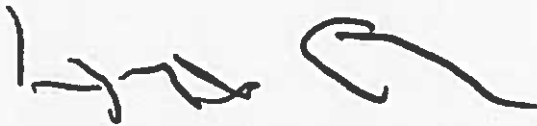
14-1.43(a) Containers of food not stored a minimum of six inches above the floor
Observation: Bag of onions on walk in cooler floor.

Comments

Complaint on 10-Dec-2018 : 

Complaint on 10-Dec-2018 : 

Spoke to employee regarding complaints. No evidence of insect infestation at time of inspection.



Person In Charge: Ling Wu



Inspector: Timothy Bean

Today's Date: 12-28-2018

Supervisor: Patrick Farry

ECDOH Quality Assurance Survey

INVALID

Name of Facility Rockin Buffalo Saloon
Address 1800 Union Rd
City/Town West Seneca Zip Code 14224
Sanitarian Bean Date/Approx. Time of Inspection 11-23-18
Name of Employee/manager who signed report Toni Heckle
Name of Employee/manager interviewed Crystal Woody
Was the interviewee working the day/time of the inspection? No

What was the approximate time of the inspection (i.e. early, before lunch, afternoon) _____

Did the inspector introduce themselves and provide identification? Unknown

Was the inspector courteous and thorough? Unknown

Were all violations (if any) explained thoroughly? Unknown

Was the inspector able to completely answer any questions or concerns? Unknown

Was a written or emailed report provided at the time of inspection? Unknown

Any comments or concerns you would like to share? Toni Heckle had worked at this facility in the past. Not employed at Rockin Buffalo for 3-4 years.



Food Service Establishment Inspection Report

NY State Sanitary Code Subpart 14-1

Establishment Information	
Facility Name Rockin' Buffalo Saloon	Facility Type Food Service Establishment
Facility ID # SWOI-92WQK5	Facility Telephone # 716 674-3925
Facility Address 1800 Union Road West Seneca, NY	
Licensee Name Tortoise and the Hare of Buffalo Inc	Licensee Address 1800 Union Road West Seneca, NY 14224

Inspection Information		
Inspection Type Re-inspection	Inspection Date November 23, 2018	Total Time Spent 1.50

Equipment Temperatures	
Description	Temperature (Fahrenheit)
Prep cooler	
Glass cooler	
Walk-in cooler	

Food Temperatures	
Description	Temperature (Fahrenheit)

OPERATOR - The following are violations found at the time of inspection. Critical violations relate directly to factors that can lead to illness or injury. Management must take steps to prevent the occurrence of these items. All violations are to be corrected and the facility is to be maintained in compliance with all applicable codes and statutes. The operator may be subject to enforcement action based on any violation noted.

Observed Critical Violations
Total # 0

Observed Violations
Total # 0

Corrected Hazards
The following hazard(s) have been corrected since the last inspection.
Total # 3
<p>14-1.143(d) - Hand washing facilities not maintained in a clean condition/in good repair.</p> <p>Observation: Food particles in hand wash sink.</p> <p>Corrective Action(s):</p>

14-1.110(e) - Clean and sanitized equipment / utensils // transported / stored so they are protected from contamination

Observation: Knife stored between prep table and wall.

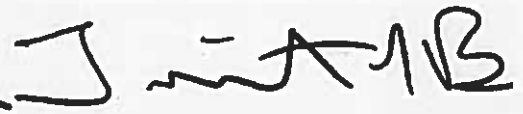
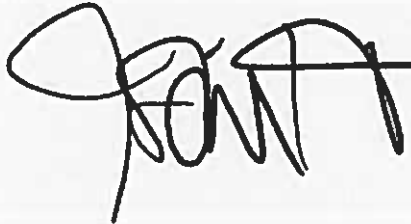
Corrective Action(s):

14-1.191. - Operator failed to provide or post Workman's Compensation / Disability Benefits Insurance placard

Observation: Posted disability insurance has expired.

Corrective Action(s):

Comments



Inspector: Timothy Bean

Person In Charge: Toni Heckle

Today's Date: 12-27-18

Supervisor: Patrick Farry

ECDOH Quality Assurance Survey

INVALID

Name of Facility

Subway

Address

1900 Ridge Rd.

City/Town

West Seneca

Zip Code

14224

Sanitarian

Bean, Timothy

Date/Approx. Time of Inspection

11-16-18

Name of Employee/manager who signed report

Shelly Harn

Name of Employee/manager interviewed

Joelle Schiffman

Was the interviewee working the day/time of the inspection? Interviewee working at time of inspection. No recollection of ECDOH staff being present on 11-16-18.

What was the approximate time of the inspection (i.e. early, before lunch, afternoon) Unknown

Did the inspector introduce themselves and provide identification? Not recalled.

Was the inspector courteous and thorough?

NA

Were all violations (if any) explained thoroughly?

NA

Was the inspector able to completely answer any questions or concerns?

NA

Was a written or emailed report provided at the time of inspection?

Any comments or concerns you would like to share?

There has never been an employee named Shelly Harn at this Subway location.



Food Service Establishment Inspection Report

NY State Sanitary Code Subpart 14-1

Establishment Information	
Facility Name Subway	Facility Type Food Service Establishment
Facility ID # SWOI-APLLKX	Facility Telephone # 716 440-3835
Facility Address 1900 Ridge Road West Seneca, NY	
Licensee Name Hess Development of WNY Inc	Licensee Address PO BOX 464 West Seneca, NY 14224

Inspection Information		
Inspection Type Routine	Inspection Date November 16, 2018	Total Time Spent 1.42

Equipment Temperatures	
Description	Temperature (Fahrenheit)
Walk In Cooler	37
Walk In Freezer	-3
Prep Cooler	39
Glass Door Cooler	40

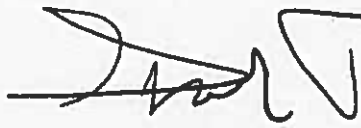
Food Temperatures	
Description	Temperature (Fahrenheit)
Onion	40
Sliced Turkey	40
Cucumbers	39
Shredded Cheddar	40
Chicken Noodle Soup	173

OPERATOR - The following are violations found at the time of inspection. Critical violations relate directly to factors that can lead to illness or injury. Management must take steps to prevent the occurrence of these items. All violations are to be corrected and the facility is to be maintained in compliance with all applicable codes and statutes. The operator may be subject to enforcement action based on any violation noted.

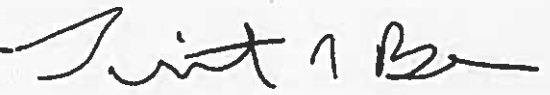
Observed Critical Violations
Total # 0

Observed Violations
Total # 0

Comments

A stylized handwritten signature in black ink, appearing to read 'Shelly Harn'.

Person In Charge: Shelly Harn

A handwritten signature in black ink, appearing to read 'Timothy Bean'.

Inspector: Timothy Bean

Today's Date: 12-27-18

Supervisor: Patrick Tarry

ECDOH Quality Assurance Survey

INVALID

Name of Facility Louie's Texas Hots

Address 777 Harlem

City/Town West Seneca Zip Code 14224

Sanitarian Bean, Timothy Date/Approx. Time of Inspection 11-23-18

Name of Employee/manager who signed report Stacey Galanes Stacy

Name of Employee/manager interviewed Stacey Galanes

Was the interviewee working the day/time of the inspection? Stacy Galanes was at a different Louie's Location on 11/23/18.

What was the approximate time of the inspection (i.e. early, before lunch, afternoon) Unknown

Did the inspector introduce themselves and provide identification? Unknown

Was the inspector courteous and thorough? Unknown

Were all violations (if any) explained thoroughly? Unknown

Was the inspector able to completely answer any questions or concerns? Unknown

Was a written or emailed report provided at the time of inspection? Unknown

Any comments or concerns you would like to share? The interviewee's name was spelled incorrectly. There are a number of previous inspections on file at the facility. There are no inspections from 2018 present. Stacy Galanes stated that the signature on the 11-23-18 report is not her signature. Her signature is very legible on previous reports.



Food Service Establishment Inspection Report

NY State Sanitary Code Subpart 14-1

Establishment Information	
Facility Name Louie's Texas Hots	Facility Type Food Service Establishment
Facility ID # 14705881	Facility Telephone # 716 823-7779
Facility Address 777 Harlem Road West Seneca, NY	Licensee Address 124 Countryside Lane Williamsville, NY 14221
Licensee Name Stacy Galanes Inc	

Inspection Information		
Inspection Type Routine	Inspection Date November 23, 2018	Total Time Spent 1.75

Equipment Temperatures	
Description	Temperature (Fahrenheit)
Walk-in cooler #1	40
Walk-in cooler #2	38
Walk-in cooler #3	40
Walk-in freezer #1	1
Walk-in freezer #2	-3
Prep cooler	
Desert cooler	40

Food Temperatures	
Description	Temperature (Fahrenheit)
Onion	41
Tomatoes	40
Cole Slaw	39

OPERATOR - The following are violations found at the time of inspection. Critical violations relate directly to factors that can lead to illness or injury. Management must take steps to prevent the occurrence of these items. All violations are to be corrected and the facility is to be maintained in compliance with all applicable codes and statutes. The operator may be subject to enforcement action based on any violation noted.

Observed Critical Violations
Total # 0

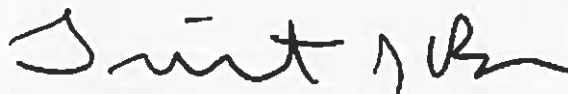
Observed Violations
Total # 2
14-1.42 Food not being stored in clean and sanitized containers / Food not stored in covered containers Observation: (CORRECTED DURING INSPECTION); Uncovered food in walk in cooler. Corrective Action(s): Food covered.
14-1.44 Accurate thermometer not provided for a refrigeration unit

Observation: (CORRECTED DURING INSPECTION): Desert cooler without a thermometer.
Corrective Action(s): Thermometer placed in cooler.

Comments



Person In Charge: **Stacey Galanes**



Inspector: **Timothy Bean**

Today's Date: 12-27-18

Supervisor: Patrick Farry

ECDOH Quality Assurance Survey

INVALID

Name of Facility

Ultima Taco

Address

507 Center Rd.

City/Town

West Seneca

Zip Code

14224

Sanitarian

Bean, Timothy

Date/Approx. Time of Inspection

11-21-18 & 11-28-18

Name of Employee/manager who signed report

Dylan Biddeman 11-21-18 / Molly Faulke 11-28-18

Name of Employee/manager interviewed

Dylan Biddeman (owner)

Was the interviewee working the day/time of the inspection?

Yes

What was the approximate time of the inspection (i.e. early, before lunch, afternoon)

before lunch: 11-28-18 - Unknown

Did the inspector introduce themselves and provide identification?

Yes on 11-21-18

Unknown on 11-28-18

Was the inspector courteous and thorough?

Yes

Were all violations (if any) explained thoroughly?

Yes

Was the inspector able to completely answer any questions or concerns?

NA

Was a written or emailed report provided at the time of inspection?

yes Printed on 11-21-18

Any comments or concerns you would like to share?

Dylan Biddeman is at the facility Mon-Fri. He recalls the 11-21-18 inspection but stated the 11-28-18 never happened. There has never been an employee named Molly Faulke at Ultima Taco.



Food Service Establishment Inspection Report

NY State Sanitary Code Subpart 14-1

Establishment Information	
Facility Name The Original Ultima Taco	Facility Type Food Service Establishment
Facility ID # RKEK-9JNN2D	Facility Telephone # 716 677-9314
Facility Address 507 Center Road West Seneca, NY	
Licensee Name The Original Ultima Taco Inc	Licensee Address 33 Lyndale Court West Seneca, NY 14224

Inspection Information		
Inspection Type Re-inspection	Inspection Date November 28, 2018	Total Time Spent 1.00

Equipment Temperatures	
Description	Temperature (Fahrenheit)
EVEREST FRIDGE	
EVEREST FRIDGE	
Everest Prep Cooler	
COCA COLA COOLER	
Single Door Freezer	

Food Temperatures	
Description	Temperature (Fahrenheit)

OPERATOR - The following are violations found at the time of inspection. Critical violations relate directly to factors that can lead to illness or injury. Management must take steps to prevent the occurrence of these items. All violations are to be corrected and the facility is to be maintained in compliance with all applicable codes and statutes. The operator may be subject to enforcement action based on any violation noted.

Observed Critical Violations
Total # 0

Observed Violations
Total # 0

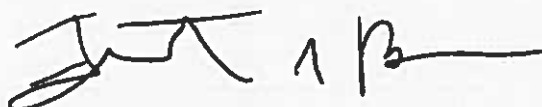
Corrected Hazards
The following hazard(s) have been corrected since the last inspection.
Total # 1
14-1.143(c) - Hand washing facility not provided with hand-cleaning soap/ acceptable hand drying devices/ proper waste receptacles

Observation: Hand wash sink without soap.
Corrective Action(s):

Comments

A handwritten signature in black ink, consisting of a stylized 'M' followed by a long, wavy horizontal line.

Person In Charge: Molly Faulke

A handwritten signature in black ink, featuring a stylized 'T' and 'B' with a horizontal line extending to the right.

Inspector: Timothy Bean

Today's Date: 12/28/2018

Supervisor: S. WOJCIULSKI (SW)

ECDOH Quality Assurance Survey

INVALID

Name of Facility MOONEY'S 9

Address 1537 UNION RD.

City/Town WEST SENECA Zip Code 14224

Sanitarian T. BEAN Date/Approx. Time of Inspection 11/27/2018

Name of Employee/manager who signed report MARK STRASSER

Name of Employee/manager interviewed _____

Was the interviewee working the day/time of the inspection? _____

What was the approximate time of the inspection (i.e. early, before lunch, afternoon) _____

Did the inspector introduce themselves and provide identification? _____

Was the inspector courteous and thorough? _____

Were all violations (if any) explained thoroughly? _____

Was the inspector able to completely answer any questions or concerns? _____

Was a written or emailed report provided at the time of inspection? _____

Any comments or concerns you would like to share? INTERVIEWED MANAGE WHO
STATED THERE WAS NO EMPLOYEE THERE NAMED MARK
STRASSER AND NO ECDOH INSPECTION ON 11/27/2018



Food Service Establishment Inspection Report

NY State Sanitary Code Subpart 14-1

Establishment Information	
Facility Name Mooney's 9	Facility Type Food Service Establishment
Facility ID # SWOI-A84LBD	Facility Telephone # 716 675-7575
Facility Address 1537 Union Road West Seneca, NY	
Licensee Name Mooney's 9, 1537 Union Road West Seneca Inc	Licensee Address 1537 Union Road West Seneca, NY 14224

Inspection Information		
Inspection Type Routine	Inspection Date November 27, 2018	Total Time Spent 1.50

Equipment Temperatures	
Description	Temperature (Fahrenheit)
walkin cooler	39
walkin freezer	1
continental refrigerator	41
Prep Cooler	40

Food Temperatures	
Description	Temperature (Fahrenheit)

OPERATOR - The following are violations found at the time of inspection. Critical violations relate directly to factors that can lead to illness or injury. Management must take steps to prevent the occurrence of these items. All violations are to be corrected and the facility is to be maintained in compliance with all applicable codes and statutes. The operator may be subject to enforcement action based on any violation noted.

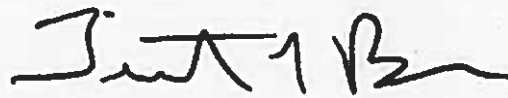
Observed Critical Violations
Total # 0

Observed Violations
Total # 3
14-1.170 Floors not maintained in a clean condition/in good repair Observation: Floor by deep fryer soiled with grease.
14-1.42 Food not being stored in clean and sanitized containers / Food not stored in covered containers Observation: Uncovered food in walk in cooler.
14-1.44 Accurate thermometer not provided for a refrigeration unit REPEAT OBSERVATION (CORRECTED DURING INSPECTION): Prep cooler without a thermometer. Corrective Action(s): Thermometer placed in cooler.

Comments



Person In Charge: **Mark Strasser**



Inspector: **Timothy Bean**

To Date: 12-28-18

Supervisor: Patrick Farry

ECDOH Quality Assurance Survey

INVALID

Name of Facility

Garden View Restaurant

Address

1744 Union Rd

City/Town

West Seneca

Zip Code

14224

Sanitarian

Bean, Timothy

Date/Approx. Time of Inspection

11/30/18

Name of Employee/manager who signed report

Nicholas Kosma - Does Not work at Rest

Name of Employee/manager interviewed

Aristea Lambropoulos

Was the interviewee working the day/time of the inspection?

Unknown

What was the approximate time of the inspection (i.e. early, before lunch, afternoon)

Did the inspector introduce themselves and provide identification?

Was the inspector courteous and thorough?

Were all violations (if any) explained thoroughly?

Was the inspector able to completely answer any questions or concerns?

Was a written or emailed report provided at the time of inspection?

Any comments or concerns you would like to share?



Food Service Establishment Inspection Report

NY State Sanitary Code Subpart 14-1

Establishment Information	
Facility Name Gardenview Restaurant	Facility Type Food Service Establishment
Facility ID # RKEK-8UMG93	Facility Telephone # 716
Facility Address 1744 Union Road West Seneca, NY	
Licensee Name Gardenview Restaurant LLC	Licensee Address 1744 Union Road West Seneca, NY 14224

Inspection Information		
Inspection Type Routine	Inspection Date November 30, 2018	Total Time Spent 1.75

Equipment Temperatures	
Description	Temperature (Fahrenheit)
Dessert cooler	41
Line cooler	39
Walk-in cooler	39
Walk-in freezer	1
Prep cooler	37
SERVERS COOLER	40

Food Temperatures	
Description	Temperature (Fahrenheit)
Onion	42
Diced Tomatoes	40
Shredded Cheddar	40
Oatmeal	179

OPERATOR - The following are violations found at the time of inspection. Critical violations relate directly to factors that can lead to illness or injury. Management must take steps to prevent the occurrence of these items. All violations are to be corrected and the facility is to be maintained in compliance with all applicable codes and statutes. The operator may be subject to enforcement action based on any violation noted.

Observed Critical Violations
Total # 0

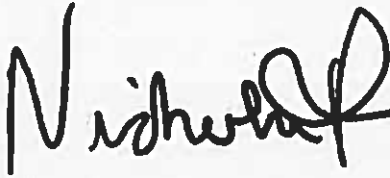
Observed Violations
Total # 3
14-1.101(a) Non-food contact surfaces/equipment are improperly designed/constructed/installed/not maintained in good repair Observation: Seal on line cooler door in disrepair.
14-1.110(d) Non-food-contact surfaces not cleaned as often as necessary to keep the equipment free of

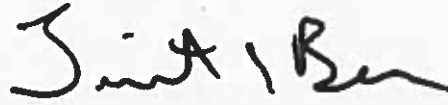
accumulations of dust, dirt, food particles and other debris
Observation: Microwave oven soiled.

14-1.110(e) Clean and sanitized equipment / utensils / transported / stored so they are protected from contamination

Observation: Knife stored between prep table and wall.

Comments





Inspector: Timothy Bean

Person In Charge: Nicholas Kosma

Today's Date: 12-28-18

Supervisor: Patrick Farny

ECDOH Quality Assurance Survey

INVALID

Name of Facility Nick Charlaps @ Antionette
Address _____
City/Town 1203 Union Road West Seno Zip Code 14224
Sanitarian Bean, Timothy Date/Approx. Time of Inspection _____
Name of Employee/manager who signed report Cassandra Dean
Name of Employee/manager interviewed Haley Williams
Was the interviewee working the day/time of the inspection? 12p-5p

What was the approximate time of the inspection (i.e. early, before lunch, afternoon) _____

Did the inspector introduce themselves and provide identification? _____

Was the inspector courteous and thorough? _____

Were all violations (if any) explained thoroughly? _____

Was the inspector able to completely answer any questions or concerns? _____

Was a written or emailed report provided at the time of inspection? _____

Any comments or concerns you would like to share? There is nobody named
Cassandra Dean who works at this facility,

**Food Service Establishment Inspection Report**
NY State Sanitary Code Subpart 14-1

Establishment Information	
Facility Name Nick Charlaps at Antoinette's on the Hill	Facility Type Food Service Establishment
Facility ID # RKEK-8MBKZP	Facility Telephone # 716 675-3981
Facility Address 1203 Union Road West Seneca, NY	
Licensee Name Nick Charlap's Ice Cream Inc	Licensee Address 7264 Boston State Road Hamburg, NY 14075

Inspection Information		
Inspection Type Routine	Inspection Date November 30, 2018	Total Time Spent 1.50

Equipment Temperatures	
Description	Temperature (Fahrenheit)
Walk-in cooler	39
WALK IN COOLER #2	36
counter cooler	40

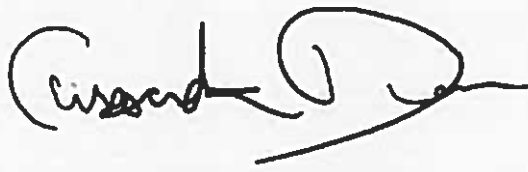
Food Temperatures	
Description	Temperature (Fahrenheit)
Diced Strawberries	38
Pineapple	40

OPERATOR - The following are violations found at the time of inspection. Critical violations relate directly to factors that can lead to illness or injury. Management must take steps to prevent the occurrence of these items. All violations are to be corrected and the facility is to be maintained in compliance with all applicable codes and statutes. The operator may be subject to enforcement action based on any violation noted.

Observed Critical Violations
Total # 0

Observed Violations
Total # 0

Comments

A handwritten signature in black ink, appearing to read 'Cassandra Dean', with a large, stylized loop at the end.

Inspector: **Timothy Bean**

Person In Charge: **Cassandra Dean**

Today's Date:

12-28-18

Supervisor:

Patrick Fary

ECDOH Quality Assurance Survey

Name of Facility

Denny's Restaurant #8135

Address

1881 Ridge

City/Town

West Seneca

Zip Code

14224

Sanitarian

Bea-Timothy

Date/Approx. Time of Inspection

11-29-18

Name of Employee/manager who signed report

Michael Gianowski, (Left Denny's in 12/2018)

Name of Employee/manager interviewed

Chrys Murphy, mgr. Michael Gianowski, (Phone)

Was the interviewee working the day/time of the inspection?

No

What was the approximate time of the inspection (i.e. early, before lunch, afternoon)

Did the inspector introduce themselves and provide identification?

Was the inspector courteous and thorough?

yes

Were all violations (if any) explained thoroughly?

yes

Was the inspector able to completely answer any questions or concerns?

NA

Was a written or emailed report provided at the time of inspection?

yes

Any comments or concerns you would like to share?

I spoke to the signee via telephone he verified the inspection occurred on 11/29/18.



Food Service Establishment Inspection Report

NY State Sanitary Code Subpart 14-1

Establishment Information	
Facility Name Denny's Restaurant #8123	Facility Type Food Service Establishment
Facility ID # 14709701	Facility Telephone # 716
Facility Address 3165 Southwestern Boulevard Orchard Park, NY	
Licensee Name Top Line Restaurants Inc	Licensee Address 3170 South Gilbert Road Suite 1 Chandler, AZ 85286

Inspection Information		
Inspection Type Routine	Inspection Date December 03, 2018	Total Time Spent 1.92

Equipment Temperatures	
Description	Temperature (Fahrenheit)
Walk-in cooler	40
walkin freezer	1
beverage air cooler	39
Line Coolers	39,40,37
Drawer Coolers	39,37

Food Temperatures	
Description	Temperature (Fahrenheit)
Diced Ham	40
Peppers	41
Onion	38
Shredded Mozzarella	41
Sausage Gravy	172

OPERATOR - The following are violations found at the time of inspection. Critical violations relate directly to factors that can lead to illness or injury. Management must take steps to prevent the occurrence of these items. All violations are to be corrected and the facility is to be maintained in compliance with all applicable codes and statutes. The operator may be subject to enforcement action based on any violation noted.

Observed Critical Violations
Total # 0

Observed Violations
Total # 1
14-1.43(e) Food / Food containers not properly labeled REPEAT OBSERVATION (CORRECTED DURING INSPECTION): Unable to read contents of bulk food bin. Corrective Action(s): Bin re-labeled.

Comments

Person In Charge: **Steven Lambert**

Inspector: **Timothy Bean**

Today's Date: 12/28/2018

Supervisor: S. WOJCIWSKI (SN)

ECDOH Quality Assurance Survey

INVALID

Name of Facility WENDY'S

Address 2021 RIDGE RD

City/Town WEST SENECA Zip Code 14224

Sanitarian T. BEAN Date/Approx. Time of Inspection 12/4/2018

Name of Employee/manager who signed report MALLORY SINGER

Name of Employee/manager interviewed _____

Was the interviewee working the day/time of the inspection? _____

What was the approximate time of the inspection (i.e. early, before lunch, afternoon) _____

Did the inspector introduce themselves and provide identification? _____

Was the inspector courteous and thorough? _____

Were all violations (if any) explained thoroughly? _____

Was the inspector able to completely answer any questions or concerns? _____

Was a written or emailed report provided at the time of inspection? _____

Any comments or concerns you would like to share? INTERVIEWED MANAGER WHO
STATED THERE WAS NO REPRESENTATIVE OF ECDOH THERE ON
12/4/2018 AND NO EMPLOYEE NAMED MALLORY SINGER.

**Food Service Establishment Inspection Report**
NY State Sanitary Code Subpart 14-1

Establishment Information	
Facility Name Wendy's Old Fashioned Hamburgers #3872	Facility Type Food Service Establishment
Facility ID # SWOI-A97JZJ	Facility Telephone # 716
Facility Address 2021 Ridge Road West Seneca, NY	
Licensee Name MUY Hamburger Partners LLC	Licensee Address 17890 Blanco Road Suite 401 San Antonio, TX 78232

Inspection Information		
Inspection Type Re-inspection	Inspection Date December 04, 2018	Total Time Spent 1.75

Equipment Temperatures	
Description	Temperature (Fahrenheit)
WALK IN COOLER	
MEAT COOLER	
SALAD REACH IN	
FRY STATION COOLER	

Food Temperatures	
Description	Temperature (Fahrenheit)

OPERATOR - The following are violations found at the time of inspection. Critical violations relate directly to factors that can lead to illness or injury. Management must take steps to prevent the occurrence of these items. All violations are to be corrected and the facility is to be maintained in compliance with all applicable codes and statutes. The operator may be subject to enforcement action based on any violation noted.

Observed Critical Violations
Total # 0

Observed Violations
Total # 0

Comments
Hand wash sinks clean and free food residue.

Just 1/2

A handwritten signature in black ink, appearing to read "Timothy Bean", with a long horizontal flourish extending to the right.

Inspector: Timothy Bean

Person In Charge: Mallory Singer

Today's Date: 12/17/18

Supervisor: D. Ciarro

ECDOH Quality Assurance Survey

INVALID

Name of Facility Dave's Kitchen

Address 355 Harlem Rd

City/Town West Seneca Zip Code 14224

Sanitarian Ben Date/Approx. Time of Inspection 12/12/18

Name of Employee/manager who signed report Dave Anderson

Name of Employee/manager interviewed Dave Anderson

Was the interviewee working the day/time of the inspection? yes

What was the approximate time of the inspection (i.e. early, before lunch, afternoon) _____

Did the inspector introduce themselves and provide identification? _____

Was the inspector courteous and thorough? _____

Were all violations (if any) explained thoroughly? _____

Was the inspector able to completely answer any questions or concerns? _____

Was a written or emailed report provided at the time of inspection? _____

Any comments or concerns you would like to share? There was no inspection done in December 2018. Dave anderson said that was not h.s. signature on report.



Food Service Establishment Inspection Report

NY State Sanitary Code Subpart 14-1

Establishment Information	
Facility Name Dave's Kitchen	Facility Type Food Service Establishment
Facility ID # SWOI-9CPKHY	Facility Telephone # 716 803-7120
Facility Address 355 Harlem Road West Seneca, NY	
Licensee Name David A Anderson	Licensee Address 355 Harlem Road West Seneca, NY 14224

Inspection Information		
Inspection Type Routine	Inspection Date December 12, 2018	Total Time Spent 1.75

Equipment Temperatures	
Description	Temperature (Fahrenheit)
Yogurt cooler	40
Prep cooler	38
Reach-in cooler	37
Walk-in cooler	38
Walk-in freezer	1

Food Temperatures	
Description	Temperature (Fahrenheit)
Sliced Turkey	39
Roast Beef	40
Tomatoes	40
Onion	41
Vegetable Soup	179

OPERATOR - The following are violations found at the time of inspection. Critical violations relate directly to factors that can lead to illness or injury. Management must take steps to prevent the occurrence of these items. All violations are to be corrected and the facility is to be maintained in compliance with all applicable codes and statutes. The operator may be subject to enforcement action based on any violation noted.


Observed Critical Violations
Total # 0

Observed Violations
Total # 1
14-1.43(e) Food / Food containers not properly labeled Observation: (CORRECTED DURING INSPECTION): Bulk food bin not labeled. Corrective Action(s): Food bin labeled.

Comments

A stylized handwritten signature, possibly reading 'D Anderson', consisting of a large loop followed by a long horizontal stroke.

Person In Charge: **Dave Anderson**

A handwritten signature that appears to read 'Tim Bean', written in a cursive style.

Inspector: **Timothy Bean**

Today's Date: 12/27/2018

Supervisor: S. WOJCIULSKI

SW

ECDOH Quality Assurance Survey

INVALID

Name of Facility POCKETEER BILLIARDS

Address 2444 CLINTON ST.

City/Town WEST SENECA

Zip Code 14224

Sanitarian T. BEAN

Date/Approx. Time of Inspection 12/7/2018

Name of Employee/manager who signed report NICHOLAS MACK

Name of Employee/manager interviewed CYNTHIA GLUCKSTEIN (OWNER)

Was the interviewee working the day/time of the inspection? _____

What was the approximate time of the inspection (i.e. early, before lunch, afternoon) _____

Did the inspector introduce themselves and provide identification? _____

Was the inspector courteous and thorough? _____

Were all violations (if any) explained thoroughly? _____

Was the inspector able to completely answer any questions or concerns? _____

Was a written or emailed report provided at the time of inspection? _____

Any comments or concerns you would like to share? OWNER STATED NO REPRESENTATIVE FROM ECDOH WAS THERE ON 12/7/2018 AND DOES NOT HAVE AN EMPLOYEE NAMED NICHOLAS MACK..

**Food Service Establishment Inspection Report**
NY State Sanitary Code Subpart 14-1

Establishment Information	
Facility Name Pocketeer Billiards	Facility Type Food Service Establishment
Facility ID # 14137701	Facility Telephone # 716 822-7665
Facility Address 2444 Clinton Street West Seneca, NY	
Licensee Name Pocketeer Billiards Hall	Licensee Address 2444 Clinton Street West Seneca, NY 14224

Inspection Information		
Inspection Type Routine	Inspection Date December 07, 2018	Total Time Spent 1.50

Equipment Temperatures	
Description	Temperature (Fahrenheit)
fridge	40
Walk-in cooler	38

Food Temperatures	
Description	Temperature (Fahrenheit)

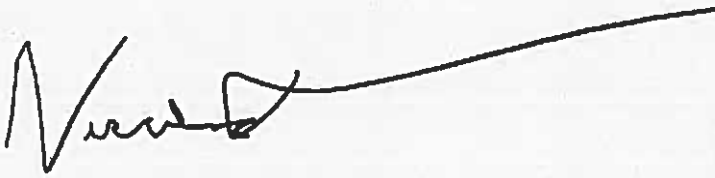
OPERATOR - The following are violations found at the time of inspection. Critical violations relate directly to factors that can lead to illness or injury. Management must take steps to prevent the occurrence of these items. All violations are to be corrected and the facility is to be maintained in compliance with all applicable codes and statutes. The operator may be subject to enforcement action based on any violation noted.

Observed Critical Violations
Total # 0

Observed Violations
Total # 1
14-1.110(e) Food dispensing utensil improperly stored Observation: Knife stored between prep table and wall.

Comments

Just 1/2

A handwritten signature in black ink, appearing to read 'Nicholas Mack', with a long horizontal line extending from the end of the signature.

Person in Charge: Nicholas Mack

Inspector: Timothy Bean

Today's Date: 12/27/2018

Supervisor: S. WOJCIULSKI

SW

INVALID

ECDOH Quality Assurance Survey

Name of Facility PAPA GENO'S
Address 1100 SOUTHWESTERN BLVD.
City/Town WEST SENECA Zip Code 14224
Sanitarian T. BEAN Date/Approx. Time of Inspection 12/7/2018
Name of Employee/manager who signed report KEVIN SPAHN
Name of Employee/manager interviewed GARY WICHMAN (OWNER/OPERATOR)
Was the interviewee working the day/time of the inspection? N/A

What was the approximate time of the inspection (i.e. early, before lunch, afternoon) _____

Did the inspector introduce themselves and provide identification? _____

Was the inspector courteous and thorough? _____

Were all violations (if any) explained thoroughly? _____

Was the inspector able to completely answer any questions or concerns? _____

Was a written or emailed report provided at the time of inspection? _____

Any comments or concerns you would like to share? OWNER STATED NO ONE FROM ECDOH WAS THERE ON 12/7/2018 AND DOES NOT EMPLOY ANYONE NAMED KEVIN SPAHN



Food Service Establishment Inspection Report

NY State Sanitary Code Subpart 14-1

Establishment Information	
Facility Name Papa Geno's	Facility Type Food Service Establishment
Facility ID # 14551311	Facility Telephone # 716 674-1400
Facility Address 1100 Southwestern Boulevard 360 West Seneca, NY	
Licensee Name Jotani's Inc	Licensee Address 1100 Southwestern Boulevard West Seneca, NY 14224

Inspection Information		
Inspection Type Routine	Inspection Date December 07, 2018	Total Time Spent 1.75

Equipment Temperatures	
Description	Temperature (Fahrenheit)
Glass front cooler	40
Walk-in cooler	39
Prep cooler	38

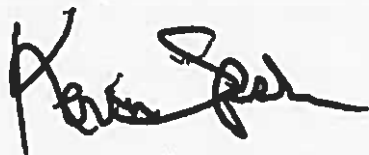
Food Temperatures	
Description	Temperature (Fahrenheit)
Shredded Mozzarella	41
Lettuce	42
Onion	40
Sliced Turkey	39
Peppers	40

OPERATOR - The following are violations found at the time of inspection. Critical violations relate directly to factors that can lead to illness or injury. Management must take steps to prevent the occurrence of these items. All violations are to be corrected and the facility is to be maintained in compliance with all applicable codes and statutes. The operator may be subject to enforcement action based on any violation noted.

Observed Critical Violations
Total # 0

Observed Violations
Total # 1
14-1.110(e) Single-service articles not protected from contamination during handling, transport or storage. Observation: (CORRECTED DURING INSPECTION): Stack of take out containers improperly stored. Corrective Action(s): Containers turned upside down.

Comments

A handwritten signature in black ink, appearing to read "Kevin Spahn".

Person In Charge: Kevin Spahn

A handwritten signature in black ink, appearing to read "Timothy Bean".

Inspector: Timothy Bean

Today's Date: 1-8-19

Supervisor: Dr. Cioccio

ECDOH Quality Assurance Survey

INVALID

Name of Facility Klar's Grove

Address 1245 Seneca Creek

City/Town West Seneca Zip Code 14224

Sanitarian Bean Date/Approx. Time of Inspection 12-14-19

Name of Employee/manager who signed report Kurt Andes

Name of Employee/manager interviewed Kevin Baisch, Banquet manager

Was the interviewee working the day/time of the inspection? _____

What was the approximate time of the inspection (i.e. early, before lunch, afternoon) _____

Did the inspector introduce themselves and provide identification? _____

Was the inspector courteous and thorough? _____

Were all violations (if any) explained thoroughly? _____

Was the inspector able to completely answer any questions or concerns? _____

Was a written or emailed report provided at the time of inspection? _____

Any comments or concerns you would like to share? Kevin does not recall an inspection being done in December. Kevin stated there is no Kurt Andes who works at facility.



Food Service Establishment Inspection Report

NY State Sanitary Code Subpart 14-1

Establishment Information	
Facility Name Kloc's Grove	Facility Type Food Service Establishment
Facility ID # 14705681	Facility Telephone # 716 674-5944
Facility Address 1245 Seneca Creek Road West Seneca, NY	
Licensee Name Kloc's Grove Inc	Licensee Address 1245 Seneca Creek Road West Seneca, NY 14224

Inspection Information		
Inspection Type Routine	Inspection Date December 14, 2018	Total Time Spent 1.75

Equipment Temperatures	
Description	Temperature (Fahrenheit)
TRUE FREEZER	-2
WALK-IN COOLER	37
BAR COOLER	39
Upright Freezer	0

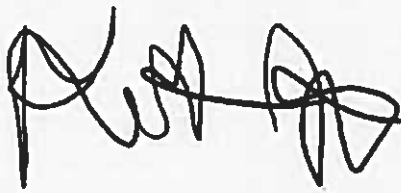
Food Temperatures	
Description	Temperature (Fahrenheit)
Pasta	38
Onjion	40
Chicken Breasts	39
Sour Cream	40

OPERATOR - The following are violations found at the time of inspection. Critical violations relate directly to factors that can lead to illness or injury. Management must take steps to prevent the occurrence of these items. All violations are to be corrected and the facility is to be maintained in compliance with all applicable codes and statutes. The operator may be subject to enforcement action based on any violation noted.

Observed Critical Violations
Total # 0

Observed Violations
Total # 0

Comments

A handwritten signature in black ink, appearing to be 'Timothy Bean', written over a horizontal line.

Inspector: Timothy Bean

Person In Charge: Kurt Anders

Today's Date: 1-9-19

Supervisor: DiCioccio

ECDOH Quality Assurance Survey

INVALID

Name of Facility

Slippery Pig Catering

Address

1345 Indian Church Rd

City/Town

West Seneca

Zip Code

14

Sanitarian

DiCioccio

Date/Approx. Time of Inspection

Dec 13, 2018

Name of Employee/manager who signed report

Daniel Gerry

Name of Employee/manager interviewed

Kevin Barnes

Was the interviewee working the day/time of the inspection?

No

What was the approximate time of the inspection (i.e. early, before lunch, afternoon)

Did the inspector introduce themselves and provide identification?

Was the inspector courteous and thorough?

Were all violations (if any) explained thoroughly?

Was the inspector able to completely answer any questions or concerns?

Was a written or emailed report provided at the time of inspection?

Any comments or concerns you would like to share?

Kevin Barnes stated he wasn't aware of an inspection on December 13 and does not know c. Daniel Gerry

**Food Service Establishment Inspection Report**
NY State Sanitary Code Subpart 14-1**Establishment Information**

Facility Name	Facility Type
Slippery Pig Catering	Catering
Facility ID #	Facility Telephone #
SWOI-A4KL5K	716
Facility Address	
1345 Indian Church Road	
West Seneca, NY	
Licensee Name	Licensee Address
Slippery Pig Catering	306 Enchanted Forest Drive North
	Lancaster, NY
	14086

Inspection Information

Inspection Type	Inspection Date	Total Time Spent
Routine	December 13, 2018	1.00

Equipment Temperatures

Description	Temperature (Fahrenheit)
COOLER	36
FREEZER	-6

Food Temperatures

Description	Temperature (Fahrenheit)
Cole Slaw	38
Macaroni Salad	40

OPERATOR - The following are violations found at the time of inspection. Critical violations relate directly to factors that can lead to illness or injury. Management must take steps to prevent the occurrence of these items. All violations are to be corrected and the facility is to be maintained in compliance with all applicable codes and statutes. The operator may be subject to enforcement action based on any violation noted.

Observed Critical Violations

Total # 0

Observed Violations

Total # 0

Comments

Inspector: Timothy Bean

Person In Charge: **Daniel Gerry**

Today's Date: 1-3-19

Supervisor: DiCiccio

INVALID

ECDOH Quality Assurance Survey

Name of Facility Fourteen Holy Helpers Hall

Address 1345 Indian Church Rd

City/Town West Seneca Zip Code 14224

Sanitarian Bean Date/Approx. Time of Inspection 12/13/18

Name of Employee/manager who signed report Raymond Donovan

Name of Employee/manager interviewed Richard Donovan

Was the interviewee working the day/time of the inspection? _____

What was the approximate time of the inspection (i.e. early, before lunch, afternoon) _____

Did the inspector introduce themselves and provide identification? _____

Was the inspector courteous and thorough? _____

Were all violations (if any) explained thoroughly? _____

Was the inspector able to completely answer any questions or concerns? _____

Was a written or emailed report provided at the time of inspection? _____

Any comments or concerns you would like to share? There is no one named Raymond
Donovan at facility. Richard Donovan stated his signature is not on inspection report.
Also stated no inspection was done on 12-13-18.

**Food Service Establishment Inspection Report**
NY State Sanitary Code Subpart 14-1

Establishment Information	
Facility Name Fourteen Holy Helpers Hall	Facility Type Food Service Establishment
Facility ID # 14115471	Facility Telephone # 716 674-9887
Facility Address 1345 Indian Church Road West Seneca, NY	
Licensee Name Slippery Pig Catering	Licensee Address 306 Enchanted Forest Drive North Lancaster, NY 14086

Inspection Information		
Inspection Type Routine	Inspection Date December 13, 2018	Total Time Spent 1.00

Equipment Temperatures	
Description	Temperature (Fahrenheit)
Stand-up cooler	37
Single Door Cooler	39
2 Door Freezer	-2

Food Temperatures	
Description	Temperature (Fahrenheit)

OPERATOR - The following are violations found at the time of inspection. Critical violations relate directly to factors that can lead to illness or injury. Management must take steps to prevent the occurrence of these items. All violations are to be corrected and the facility is to be maintained in compliance with all applicable codes and statutes. The operator may be subject to enforcement action based on any violation noted.

Observed Critical Violations
Total # 0

Observed Violations
Total # 0

Comments

Ronald D. Smith *Smith & Ben*

Inspector: **Timothy Bean**

Person In Charge: **Raymond Donovan**

Today's Date: 12-13-18

Supervisor: Fang

ECDOH Quality Assurance Survey

INVALID

Name of Facility Tim Hortons
Address 259 Orchard Park Rd.
City/Town West Seneca Zip Code 14224
Sanitarian Bean, Timothy Date/Approx. Time of Inspection 12-12-18 11:45am
Name of Employee/manager who signed report Brianna Wells
Name of Employee/manager interviewed Judy Stamm by phone.
Was the interviewee working the day/time of the inspection? No.

What was the approximate time of the inspection (i.e. early, before lunch, afternoon) 11:45am

Did the inspector introduce themselves and provide identification? _____

Was the inspector courteous and thorough? _____

Were all violations (if any) explained thoroughly? _____

Was the inspector able to completely answer any questions or concerns? _____

Was a written or emailed report provided at the time of inspection? _____

Any comments or concerns you would like to share? Per interviewee there is not a staff member named Brianna Wells at this facility. The staff working on this day provided a copy of a DOH 192, signed by Daniel Thibodeau. The inspection was done at 11:30 am. A Tim Hortons employee named Melissa Skipworth signed the DOH 192. Her employment was verified by interviewee. The DOH 192 was left at the facility as it was the - copy.



Food Service Establishment Inspection Report

NY State Sanitary Code Subpart 14-1

Establishment Information	
Facility Name Tim Hortons	Facility Type Food Service Establishment
Facility ID # MTUK-9M8NRV	Facility Telephone # 716
Facility Address 259 Orchard Park Road West Seneca, NY	
Licensee Name Flexion Inc	Licensee Address 3710 Baker Road Orchard Park Town, NY 14127

Inspection Information		
Inspection Type Routine	Inspection Date December 12, 2018	Total Time Spent 1.50

Equipment Temperatures	
Description	Temperature (Fahrenheit)
Cooler	39
Sandwich cooler	38
Walk-in cooler	38
Walk-in freezer	-2
COOLER	40

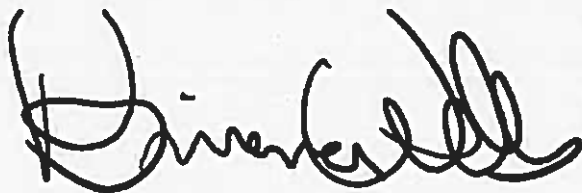
Food Temperatures	
Description	Temperature (Fahrenheit)
Tomatoes	40
Onion	39
Sliced Turkey	40
Yogurt	40
Oatmeal	172
Breakfast Sausage	167

OPERATOR - The following are violations found at the time of inspection. Critical violations relate directly to factors that can lead to illness or injury. Management must take steps to prevent the occurrence of these items. All violations are to be corrected and the facility is to be maintained in compliance with all applicable codes and statutes. The operator may be subject to enforcement action based on any violation noted.

Observed Critical Violations
Total # 0

Observed Violations
Total # 0

Comments



Person In Charge: **Brianna Wells**



Inspector: **Timothy Bean**

Today's Date: 12-18-18

Supervisor: Farry

ECDOH Quality Assurance Survey

INVALID

Name of Facility Wimbeldon Lanes Snack Bar
Address 220 Center
City/Town West Seneca Zip Code 14224
Sanitarian Dean Timothy Date/Approx. Time of Inspection 12-12-18
Name of Employee/manager who signed report Stacy Turner
Name of Employee/manager interviewed Carol McCarten, Chuck Nowak
Was the interviewee working the day/time of the inspection? ~~No~~ Yes.

What was the approximate time of the inspection (i.e. early, before lunch, afternoon) _____

Did the inspector introduce themselves and provide identification? _____

Was the inspector courteous and thorough? _____

Were all violations (if any) explained thoroughly? _____

Was the inspector able to completely answer any questions or concerns? _____

Was a written or emailed report provided at the time of inspection? _____

Any comments or concerns you would like to share? Both interviewees state that there is not an employee named Stacy Turner at this facility. Neither interviewee recall a representative of the ECDOH being at the facility on 12-12-18.



Food Service Establishment Inspection Report

NY State Sanitary Code Subpart 14-1

Establishment Information	
Facility Name Wimbledon Lanes Snack Bar	Facility Type Food Service Establishment
Facility ID # 14513761	Facility Telephone # 716 674-3333
Facility Address 220 Center Road West Seneca, NY	
Licensee Name Olivieri's Catering	Licensee Address 8962 Knapp Road West Falls, NY 14170

Inspection Information		
Inspection Type Routine	Inspection Date December 12, 2018	Total Time Spent 1.50

Equipment Temperatures	
Description	Temperature (Fahrenheit)
Walk-in cooler	36
Cooler	40
COOLER	40

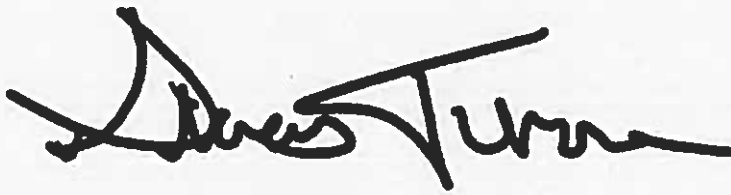
Food Temperatures	
Description	Temperature (Fahrenheit)
Chicken Wings	38
Blue Cheese Dressing	40

OPERATOR - The following are violations found at the time of inspection. Critical violations relate directly to factors that can lead to illness or injury. Management must take steps to prevent the occurrence of these items. All violations are to be corrected and the facility is to be maintained in compliance with all applicable codes and statutes. The operator may be subject to enforcement action based on any violation noted.

Observed Critical Violations
Total # 0

Observed Violations
Total # 1
14-1.110(e) Single-service articles not protected from contamination during handling, transport or storage.
Observation: (CORRECTED DURING INSPECTION): Stack of paper plates improperly stored.
Corrective Action(s): Plates turned upside down

Comments





Inspector: Timothy Bean

Person In Charge: Stacey Turner

Today's Date: 12-18-18

Supervisor: Ferry

ECDOH Quality Assurance Survey

INVALID

Name of Facility Louies Texas Red Hots
Address 3905 Southwestern
City/Town Orchard Park Zip Code 14127
Sanitarian Bean, T Date/Approx. Time of Inspection 12-5-18
Name of Employee/manager who signed report James Fuller
Name of Employee/manager interviewed Any Saldana, manager
Was the interviewee working the day/time of the inspection? _____

What was the approximate time of the inspection (i.e. early, before lunch, afternoon) _____

Did the inspector introduce themselves and provide identification? _____

Was the inspector courteous and thorough? _____

Were all violations (if any) explained thoroughly? _____

Was the inspector able to completely answer any questions or concerns? _____

Was a written or emailed report provided at the time of inspection? _____

Any comments or concerns you would like to share? Per interviewee there is not, nor has there been an employee named James Fuller at the facility. The staff at the facility does not have any recollection of ECDOH conducting an inspection on 12-5-2018.



Food Service Establishment Inspection Report

NY State Sanitary Code Subpart 14-1

Establishment Information	
Facility Name Louie's Texas Red Hots	Facility Type Food Service Establishment
Facility ID # 14609421	Facility Telephone # 716 648-6200
Facility Address 3905 Southwestern Boulevard Orchard Park, NY	
Licensee Name PJC Red Hots, Inc.	Licensee Address 128 Mill Road West Seneca, NY 14224

Inspection Information		
Inspection Type Routine	Inspection Date December 05, 2018	Total Time Spent 1.75

Equipment Temperatures	
Description	Temperature (Fahrenheit)
Walk-in cooler	39
Front cooler	40
Milk cooler	40
Prep cooler	38
freezer	1

Food Temperatures	
Description	Temperature (Fahrenheit)
Shredded Cheddar	40
Onion	39
Tomatoes	41
Applesauce	40
Sour Cream	40
Chili	167

OPERATOR - The following are violations found at the time of inspection. Critical violations relate directly to factors that can lead to illness or injury. Management must take steps to prevent the occurrence of these items. All violations are to be corrected and the facility is to be maintained in compliance with all applicable codes and statutes. The operator may be subject to enforcement action based on any violation noted.

Observed Critical Violations
Total # 0

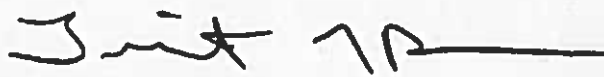
Observed Violations
Total # 2
14-1.110(d) Non-food-contact surfaces not cleaned as often as necessary to keep the equipment free of accumulations of dust, dirt, food particles and other debris Observation: Microwave oven soiled.

14-1.43(e) Food / Food containers not properly labeled
Observation: Bulk food bin not labeled.

Comments



Person In Charge: James Fuller



Inspector: Timothy Bean

Today's Date: 12-18-18

Supervisor: Ferry

ECDOH Quality Assurance Survey

INVALID

Name of Facility Chang Garden
Address 1753 Orchard Park Rd.
City/Town West Seneca Zip Code 14224
Sanitarian Bea, Timothy Date/Approx. Time of Inspection 12-5-18
Name of Employee/manager who signed report Jim Wu.
Name of Employee/manager interviewed Tracy Chen mgr.
Was the interviewee working the day/time of the inspection? Unknown

What was the approximate time of the inspection (i.e. early, before lunch, afternoon) _____

Did the inspector introduce themselves and provide identification? _____

Was the inspector courteous and thorough? _____

Were all violations (if any) explained thoroughly? _____

Was the inspector able to completely answer any questions or concerns? _____

Was a written or emailed report provided at the time of inspection? _____

Any comments or concerns you would like to share? Per interviewee there has never been an employee named Jim Wu at this facility. The staff at this facility do not recall an inspection by the ECDOH on 12-5-18



Food Service Establishment Inspection Report

NY State Sanitary Code Subpart 14-1

Establishment Information	
Facility Name Chang's Garden	Facility Type Food Service Establishment
Facility ID # SWOI-9Z6PF9	Facility Telephone # 716 675-8888
Facility Address 1753 Orchard Park Road West Seneca, NY	
Licensee Name Chang's Garden of Asian Inc	Licensee Address 1753 Orchard Park Road West Seneca, NY 14224

Inspection Information		
Inspection Type Re-inspection	Inspection Date December 05, 2018	Total Time Spent 1.50

Equipment Temperatures	
Description	Temperature (Fahrenheit)
Prep cooler	
True cooler	
Walk-in cooler	

Food Temperatures	
Description	Temperature (Fahrenheit)

OPERATOR - The following are violations found at the time of inspection. Critical violations relate directly to factors that can lead to illness or injury. Management must take steps to prevent the occurrence of these items. All violations are to be corrected and the facility is to be maintained in compliance with all applicable codes and statutes. The operator may be subject to enforcement action based on any violation noted.

Observed Critical Violations
Total # 0

Observed Violations
Total # 0

Corrected Hazards
The following hazard(s) have been corrected since the last inspection.
Total # 4
14-1.143(d) - Hand washing facilities not maintained in a clean condition/in good repair. Observation: Food residue in hand wash sink. Corrective Action(s):

14-1.43(a) - Containers of food not stored a minimum of six inches above the floor

Observation: Bag of peppers on walk in cooler floor.

Corrective Action(s):

14-1.43(e) - Food / Food containers not properly labeled

Observation: Bulk food container not labeled.

Corrective Action(s):

14-1.44 - Accurate thermometer not provided for a refrigeration unit

Observation: Prep cooler without a thermometer.

Corrective Action(s):

Comments

Jin Wu

Person In Charge: Jin Wu

Timothy Bean

Inspector: Timothy Bean

Today's Date: 1-8-19

Supervisor: _____

ECDOH Quality Assurance Survey

INVALID

Name of Facility Rix Country Store

Address 7025 Elliott Rd.

City/Town Orchard Park Zip Code _____

Sanitarian Beau, T Date/Approx. Time of Inspection 12-4-18

Name of Employee/manager who signed report Tara Donahue

Name of Employee/manager interviewed Amandeep Singh. By Phone

Was the interviewee working the day/time of the inspection? _____

What was the approximate time of the inspection (i.e. early, before lunch, afternoon) _____

Did the inspector introduce themselves and provide identification? _____

Was the inspector courteous and thorough? _____

Were all violations (if any) explained thoroughly? _____

Was the inspector able to completely answer any questions or concerns? _____

Was a written or emailed report provided at the time of inspection? _____

Any comments or concerns you would like to share? No such employees as Tara Donahue at Rix per interviewee.



Food Service Establishment Inspection Report

NY State Sanitary Code Subpart 14-1

Establishment Information	
Facility Name Rix Country Store Ellicott Road	Facility Type Food Service Establishment
Facility ID # PFAY-AZPRB9	Facility Telephone # 716
Facility Address 7025 Ellicott Road Orchard Park, NY	
Licensee Name Guru's Convenience Corp.	Licensee Address 203 North Maple Road Williamsville, NY 14221

Inspection Information		
Inspection Type Routine	Inspection Date December 04, 2018	Total Time Spent 1.50

Equipment Temperatures	
Description	Temperature (Fahrenheit)
Walk In Cooler	40
Pizza Walk In Cooler	40
Walk In Freezer	1
Walk In Freezer 2	-4
Stand Up Freezer	-1
Wing Freezer	2
Line Cooler	39
Pizza Prep Cooler	37
Sub Prep Cooler	41
Wing Prep Cooler	39

Food Temperatures	
Description	Temperature (Fahrenheit)
Shredded Mozzarella	41
Onion	40
Peppers	39
Marinara Sauce	40
Sliced Turkey	39


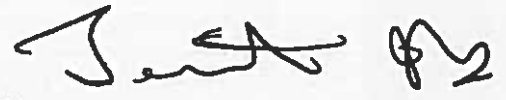
OPERATOR - The following are violations found at the time of inspection. Critical violations relate directly to factors that can lead to illness or injury. Management must take steps to prevent the occurrence of these items. All violations are to be corrected and the facility is to be maintained in compliance with all applicable codes and statutes. The operator may be subject to enforcement action based on any violation noted.

Observed Critical Violations
Total # 0

Observed Violations
Total # 1

14-1.44 Accurate thermometer not provided for a refrigeration unit
Observation: (CORRECTED DURING INSPECTION): Prep cooler without a thermometer.
Corrective Action(s): Thermometer placed in cooler.

Comments

Inspector: Timothy Bean

Person In Charge: Tara Donohue

Today's Date: 1-9-19

Supervisor: P. Farney

INVALID

ECDOH Quality Assurance Survey

Name of Facility Buffalo's Best Grill
Address 3700 Southwestern Blvd
City/Town Orchard Park Zip Code 14127
Sanitarian Bean, T Date/Approx. Time of Inspection 12-3-18 (1315)
Name of Employee/manager who signed report Matthew Kline
Name of Employee/manager interviewed Tony Fornuto (operator)
Was the interviewee working the day/time of the inspection? No/Unsure

What was the approximate time of the inspection (i.e. early, before lunch, afternoon) _____

Did the inspector introduce themselves and provide identification? Unknown

Was the inspector courteous and thorough? Unknown

Were all violations (if any) explained thoroughly? Unknown

Was the inspector able to completely answer any questions or concerns? Unknown

Was a written or emailed report provided at the time of inspection? Unknown

Any comments or concerns you would like to share? The interviewee was not sure if there is or was a Matthew Kline working at this facility.



Food Service Establishment Inspection Report

NY State Sanitary Code Subpart 14-1

Establishment Information	
Facility Name Buffalo's Best Grill	Facility Type Food Service Establishment
Facility ID # RKEK-8LPGQR	Facility Telephone # 716 202-1270
Facility Address 3700 Southwestern Boulevard Orchard Park, NY	
Licensee Name 3700 Southwestern Blvd Inc	Licensee Address 3700 Southwestern Boulevard Orchard Park, NY 14127

Inspection Information		
Inspection Type Routine	Inspection Date December 03, 2018	Total Time Spent 1.75

Equipment Temperatures	
Description	Temperature (Fahrenheit)
Walk-in cooler	37
Line coolers	40,37,39
Prep Cooler	39

Food Temperatures	
Description	Temperature (Fahrenheit)
Chicken Breast	37
Cole Slaw	40
Ground Beef	38
Onion	41
Tomatoes	40

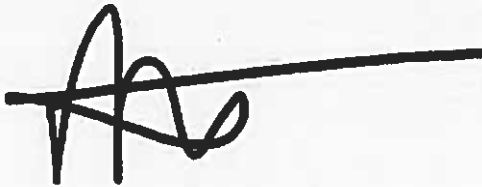
OPERATOR - The following are violations found at the time of inspection. Critical violations relate directly to factors that can lead to illness or injury. Management must take steps to prevent the occurrence of these items. All violations are to be corrected and the facility is to be maintained in compliance with all applicable codes and statutes. The operator may be subject to enforcement action based on any violation noted.

Observed Critical Violations
Total # 0

Observed Violations
Total # 2
<p>14-1.110(d) Non-food-contact surfaces not cleaned as often as necessary to keep the equipment free of accumulations of dust, dirt, food particles and other debris Observation: Side of deep fryer soiled with grease.</p> <p>14-1.110(e) Clean and sanitized equipment / utensils // transported / stored so they are protected from contamination REPEAT OBSERVATION (CORRECTED DURING INSPECTION): Knife stored between prep table and</p>

wall.
Corrective Action(s): Knife removed, put through dish machine.

Comments

A stylized handwritten signature in black ink, consisting of a large 'M' followed by a horizontal line and a loop.

Person in Charge: Mathew Kline

A handwritten signature in black ink, appearing to be 'Timothy Bean' with a long horizontal line extending from the end.

Inspector: Timothy Bean

Today's Date: 12-18-18

Supervisor: Ferry

INVALID

ECDOH Quality Assurance Survey

Name of Facility Chang's Garden
Address 1753 Orchard Park Rd.
City/Town West Seneca Zip Code 14224
Sanitarian Bean, Timothy Date/Approx. Time of Inspection 11-29-18
Name of Employee/manager who signed report L. Cu
Name of Employee/manager interviewed Tracy Chen, mgr.
Was the interviewee working the day/time of the inspection? Unknown

What was the approximate time of the inspection (i.e. early, before lunch, afternoon) _____

Did the inspector introduce themselves and provide identification? _____

Was the inspector courteous and thorough? _____

Were all violations (if any) explained thoroughly? _____

Was the inspector able to completely answer any questions or concerns? _____

Was a written or emailed report provided at the time of inspection? _____

Any comments or concerns you would like to share? Per interviewee there has never been an employee named L. Cu at this facility.



Food Service Establishment Inspection Report

NY State Sanitary Code Subpart 14-1

Establishment Information	
Facility Name Chang's Garden	Facility Type Food Service Establishment
Facility ID # SWOI-9Z6PF9	Facility Telephone # 716 675-8888
Facility Address 1753 Orchard Park Road West Seneca, NY	
Licensee Name Chang's Garden of Asian Inc	Licensee Address 1753 Orchard Park Road West Seneca, NY 14224

Inspection Information		
Inspection Type Routine	Inspection Date November 29, 2018	Total Time Spent 1.67

Equipment Temperatures	
Description	Temperature (Fahrenheit)
Prep cooler	39
True cooler	40
Walk-in cooler	37

Food Temperatures	
Description	Temperature (Fahrenheit)
Onion	41
Peppers	40
Broccoli	40
Diced Pork	40
Rice	180

OPERATOR - The following are violations found at the time of inspection. Critical violations relate directly to factors that can lead to illness or injury. Management must take steps to prevent the occurrence of these items. All violations are to be corrected and the facility is to be maintained in compliance with all applicable codes and statutes. The operator may be subject to enforcement action based on any violation noted.

Observed Critical Violations
Total # 0

Observed Violations
Total # 4
14-1.143(d) Hand washing facilities not maintained in a clean condition/in good repair. Observation: Food residue in hand wash sink.
14-1.43(a) Containers of food not stored a minimum of six inches above the floor Observation: Bag of peppers on walk in cooler floor.
14-1.43(e) Food / Food containers not properly labeled

REPEAT OBSERVATION Bulk food container not labeled.

14-1.44 Accurate thermometer not provided for a refrigeration unit
Observation: Prep cooler without a thermometer.

Comments

A re-inspection to assess your correction of these violations will be conducted on, or about, December 06, 2018



Person In Charge: LI Cu



Inspector: Timothy Bean